Operator Project # CEG888200 Pe	ostmark	Date Received		Notification #					
I. Type of Notification (check on	ne): Original	Revised	✓ Canc	eled					
II. Facility Description Building Name: Maintenace Building									
Address: 103 South Main Street	Address: 103 South Main Street								
City: Waterbury	State: Vern	nont Zip Code: 0	05671	County: Wash	ington				
Site Location : Waterbury State Co	omplex - 103 South Mair	Street - Waterbu	ry, Vermont						
Building Size (square feet): 8000 so		# of Floors: 1		Age in Years: 9	5 +/-				
Present Use: State Maintenance Offices & Garage Prior Use: State Hospital Maintenance Building									
III. Type of Operation (check one): Demo Ordered	Demo Renovatio	on Emergency	y Renovation	Fire Training				
IV. Is Asbestos Present? (check o	one): 🗸 Yes 🔲 N	No							
V. Facility Information									
Owner Name: State of Ve		uildings & General	Services						
Address: 2 Governor Aiker									
Contact: John Ostrum					8-3533				
Removal Contractor Name:									
Address:									
				Zip Code:					
Contact:	Te	lephone: ()		Fax:					
Other Operator (demolition	n/general):								
Address:									
				Zip Code:					
Contact:	Te	lephone: ()		Fax:					
VI. Procedure, including analytica Category I and Category II no Bulk sampled collected by a	on-friable ACM:								
VII. Approximate Amount of Asbe	estos Materials:								
	RACM to be Removed	Non-friable Ash to be Re			sbestos Material e Removed				
		Category I	Category II	Category I	Category II				
Pipes (linear feet)									
Surface Area (square feet)									
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolition of	or Renovation: Start:		Complete	:					
IX. Dates for Asbestos Removal	(MM/DD/YY) Start:		Complete	»:					
Days of the Week: Monday	Tuesday Wedne	sday Thursday	Friday	Saturday	Sunday				
Hours of Operation:									

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
methods, monitoring	Description of work practices and engineering controls to removal and waste handling emission control procedures: ensure procedures in accordance with the USEPA Asbestos NESHAP regular decontamination structure, containment barriers, negative pressure enclosurg where required.	tion and the Vermont Regula	ations for Ashestos Control. This includes wet removal				
XII.	Waste Transporter #1						
	Name: TBD						
	Address:						
	City:	State:	Zip Code:				
	Contact:	Telephone: ()				
	Waste Transporter #2						
	Name: TBD Address:						
	City:	State:	Zim Codo:				
	Contact:	Telephone:	Zip Code:				
XIII.	Waste Disposal	тетерноне.	,				
,	Name: TBD						
	Address:						
	City:	State:	Zip Code:				
	Contact:	Telephone:	()				
XIV.	Emergency Demolition (complete Item XIV only if this pro		Demo.)				
	1. Attach a copy of the Order to this notice.		,				
	2. Name of Authority Issuing Order:		Title:				
	3. Authority of Order (Citation of Code):						
	4. Date of Order (MM/DD/YY):		Date Ordered to Begin				
XV.	Emergency Renovation (Attach separate sheet with the follows). Date and Hour of the Emergency:	lowing information if p	project is Emergency Renovation.)				
	Description of the Sudden, Unexpected Event:						
	3. Explanation of how the event caused unsafe condition	ons or equipment dama	age or an unreasonable financial burden.				
XVI.	Description of procedures to be followed in the event that	t unexpected RACM	is found or non-friable ACM becomes				
Same	crumbled, pulverized, or reduced to powder. as Section X above						
XVII.	I certify that an individual trained in the provisions of NE Demolition or Renovation, and evidence that the	·					
	available during normal business hours.						
	alth	07/16/12	Chris Crothers - Owner's Consultant				
	Signature of Owner/Operator	Date	Type or Print Name and Title				
XVIII.	I acknowledge the existence of laws prohibiting the submodular contained in this notification are true, accurate,		leading statements, and I certify that facts				
	1812	07/16/12	Chris Crothers - Owner's Consultant				
Ĺ	Signature of Owner/Operator	Date	Type or Print Name and Title				

Operator Project # CEG888200 Postm	nark	Date Received		Notification #					
I. Type of Notification (check one):	Original	Revised	✓ Cance	led					
IL Facility Description Building Name: Old Greenhouse Building									
Address: 103 South Main Street City: Waterbury	State: Vermo	nt zinonin l	05671	County: Washin	aton				
Site Location : Waterbury State Comp				Jounty:	gton				
	Building Size (square feet): 800 sq.ft. per floor # of Floors: 1 Age in Years: 60 +/-								
Present Use: Storage Garage									
III Type of Operation (check one):	Demo Ordered De	mo Renovati	on Emergency	Renovation	Fire Training				
IV. Is Asbestos Present? (check one):	Yes No								
V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33									
City: Montpelier		State: VT	Zip	Code: 05633					
Contact: John Ostrum	Telep	ohone: (802) 828	3-5652	Fax: (802) 828-	3533				
Removal Contractor Name:									
Address:									
City:				Code:					
Contact:									
Other Operator (demolition/ge									
Address:				Cada					
City:									
VI. Procedure, including analytical m Category I and Category II non-fi Bulk sampled collected by acci	riable ACM:	-							
,			-		•				
VII. Approximate Amount of Asbestos	Materials:								
	RACM to be Removed	Non-friable Asl to be Ro		Non-friable Asb NOT to be					
		Category I	Category II	Category I	Category II				
Pipes (linear feet)									
Surface Area (square feet)									
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolition or R			Complete:						
IX. Dates for Asbestos Removal (MA	M/DD/YY) Start:		Complete:						
Days of the Week: Monday	Tuesday Wednesda	ay Thursday	Friday	Saturday	Sunday				
Hours of Operation:									

X	Description of planned Demolition or Renovation work to or renovation techniques to be used and description of aff				ployed, including demolition
XI.	Description of work practices and engineering controls to removal and waste handling emission control procedures:	be used to comply	with	the requirement	nts, including asbestos
XIL	Waste Transporter #1	<u> </u>			
	Name:				
	Address:		-		
	City:	State:	7		Zip Code:
	Contact:	Telephone:	()	
	Waste Transporter #2			·	
	Name:				
	Address:		+		
	City:	State:	-		Zip Code:
	Contact:	Telephone:	()	
XIII	Waste Disposal				
	Name:				
	Address:		-		
	City:	State:	-		Zip Code:
	Contact:	Telephone:	()	
XIV.	Emergency Demolition (complete Item XIV only if this project	ect is an Emergency	Der	mo.)	
	1. Attach a copy of the Order to this notice.			,	
	2. Name of Authority Issuing Order:			Title:	
	3. Authority of Order (Citation of Code):				
	4. Date of Order (MM/DD/YY):			Date	Ordered to Begin
XV.	Emergency Renovation (Attach separate sheet with the follo	wing information if	f pro	ject is Emergeno	ey Renovation.)
	1. Date and Hour of the Emergency:				
	 Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe condition 	o or agricument dans	2000	or on unroccone	shla financial hurdan
	5. Explanation of flow the event caused unsafe condition	is or equipment dan	nage	or an unreasona	tole imancial ourden.
XVL	Description of procedures to be followed in the event that	unexpected RACM	I is 1	found or non-fr	iable ACM becomes
	crumbled, pulverized, or reduced to powder.				
	nsive procedures in accordance with the USEPA Asbestos NESHAP regulation a nation structure, containment barriers, negative pressure enclosure, proper waste				
XVII.	I certify that an individual trained in the provisions of NES	HAP (40 CFR PAI	RT	61, SUBPART	M) will be on -site during the
	Demolition or Renovation, and evidence that the available during normal business hours.	equired training h	as b	een accomplish	ed by this person will be
	BURATO.	07/16/12		Chris Crothers	- Owner's Consultant
	Signature of Owner/Operator	Date		Type or P	rint Name and Title
XVIII.	I acknowledge the existence of laws prohibiting the submi	ssion of false or mi	islea	ding statement	s, and I certify that facts
	contained in this notification are true, accurate, a				
	(duly)	07/16/12		Chris Crothers	s - Owner's Consultant
	Signature of Owner/Operator	Date			rint Name and Title

Operator Project # CEG888200 Po	ostmark	Date Received		Notification #				
I. Type of Notification (check on	e): Original	Revised	✓ Cance	eled				
II. Facility Description Building Name: Old Laundry Building								
Address: 103 South Main Street								
City: Waterbury State: Vermont Zip Code: 05671 County: Washington								
Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont								
Building Size (square feet): 9,100 sc	q.ft. #	of Floors: 1	<i>F</i>	Age in Years: 10	00 +/-			
Present Use: State Offices	Pr	ior Use: State Ho	spital Laundry					
III. Type of Operation (check one)): Demo Ordered Den	no Renovation	Emergency	Renovation	Fire Training			
IV. Is Asbestos Present? (check of	ne): ✓ Yes No							
V. Facility Information								
	rmont, Department of Build	lings & General S	ervices					
Address: 2 Governor Aiker		VT		0=000				
	Telep							
				Zip Code:				
				Fax:				
	/general):							
			a,	0.1				
	Tolon							
	Telep							
 VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory VII. Approximate Amount of Asbestos Materials: 								
	RACM to be Removed	Non-friable Asbes to be Reme			bestos Material Removed			
		Category I	Category II	Category I	Category II			
Pipes (linear feet)								
Surface Area (square feet)								
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition of	r Renovation: Start:		Complete	•				
IX. Dates for Asbestos Removal (MM/DD/YY) Start:		Complete	•				
Days of the Week: Monday	Tuesday Wednesday	y Thursday	Friday	Saturday	Sunday			
Hours of Operation:								

X.	Description of planned Demolition or Renovation work to be or renovation techniques to be used and description of affective and description and descripti			red, including demolition
XI. Comprehe methods, o	Description of work practices and engineering controls to be removal and waste handling emission control procedures: nsive procedures in accordance with the USEPA Asbestos NESHAP regulatecontamination structure, containment barriers, negative pressure enclosure.	ation and the Vermont F	Regulations for Asbestos Cor	ntrol. This includes wet removal
XII.	Waste Transporter #1			
	Name:			
	Address:			
	City:	State:	2	Cip Code:
	Contact:	Telephone:	()	
	Waste Transporter #2			
	Name:			
	Address:			
	City:	State:	Z	Cip Code:
	Contact:	Telephone:	()	
XIII.	Waste Disposal			
	Name:			
	Address:			
	City:	State:	7	Cip Code:
	Contact:	Telephone:	()	
XIV.	Emergency Demolition (complete Item XIV only if this proje	ct is an Emergency	Demo.)	
	1. Attach a copy of the Order to this notice.		m.i	
	2. Name of Authority Issuing Order:		Title:	
	3. Authority of Order (Citation of Code):4. Date of Order (MM/DD/YY):		Date Ord	lered to Begin
XV.	Emergency Renovation (Attach separate sheet with the follow	wing information if		
AV.	Date and Hour of the Emergency:	wing information if	project is Emergency in	conovation.)
	2. Description of the Sudden, Unexpected Event:			
	3. Explanation of how the event caused unsafe condition	s or equipment dan	age or an unreasonable	financial burden.
XVI.	Description of procedures to be followed in the event that uncumbled, pulverized, or reduced to powder.	inexpected RACM	is found or non-friab	le ACM becomes
Same	as Section X above			
XVII.	I certify that an individual trained in the provisions of NES Demolition or Renovation, and evidence that the r available during normal business hours.			
6	Kall	07/16/12	Chris Crothers - C	Owner's Consultant
	Signature of Owner/Operator	Date	Type or Print	Name and Title
XVIII.	I acknowledge the existence of laws prohibiting the submis	ssion of false or mi	sleading statements, ar	nd I certify that facts
	contained in this notification are true, accurate, a			
/	L(CTC)	07/16/12	Chris Crothers - 0	Owner's Consultant
	Signature of Owner/Operator	Date		Name and Title

Operator Project #CE	G888200	Postmark		Date Received		Notification	#		
I. Type of Notifica	ation (check	one):	riginal	Revised	✓ Can	celed			
II. Facility Description Building Name: Old Storehouse (a.k.a. VT State Hospital Admissions Building) Address: 103 South Main Street									
City: Waterbury State: Vermont Zip Code: 05671 County: Washington									
	Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont								
Building Size (square feet): 3,300 sq.ft. per floor # of Floors: 2 Age in Years: 90 +/-									
Present Use: State O	ffices		P	rior Use: State H	Hospital Admiss	ions			
III. Type of Operat	tion (check or	ne): 🗸 Demo 🗌	Ordered De	mo Renovatio	on Emergence	ey Renovation	Fire Training		
IV. Is Asbestos Pre	sent? (check	cone): Yes	☐ No						
V. Facility Inform									
		/ermont, Departm		dings & General	Services				
		ken Avenue, Drav	· A4	VT		05000			
City: Montp				State: VT					
							28-3533		
		ne:							
						n Code			
						Zip Code:			
		on/general):							
		om/generar).							
					73	in Code:			
		ical methods, empl							
	-	non-friable ACM:	oyeu to uete	ct the presence of	and to estimate t	ne quantity of N	ACWI and		
Bulk sampled col	lected by	accredited asl	bestos in	spector. Ana	lyzed by NVL	AP accredit	ed laboratory		
VII. Approximate A	mount of As	bestos Materials:							
		RACM to be	Removed	Non-friable Ast to be Re			sbestos Material be Removed		
				Category I	Category II	Category I	Category II		
Pipes (linear feet)									
Surface Area (square fe	eet)								
Facility Components (c	ubic feet)								
VIII. Scheduled Date	s Demolition	or Renovation:	Start:		Complete	e:			
IX. Dates for Asbe	stos Remova	al (MM/DD/YY)	Start:		Complete	e:			
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday		
Hours of Operation:									

X.	Description of planned Demolition or Renovation work to b	-		g demolition
	or renovation techniques to be used and description of affe	ected facility compo	nents:	
XI.	Description of work practices and engineering controls to b	o used to comply w	ith the requirements including as	hactas
AI.	removal and waste handling emission control procedures:	e used to comply w	iti the requirements, including as	Destos
	ensive procedures in accordance with the USEPA Asbestos NESHAP regula			
methods,	decontamination structure, containment barriers, negative pressure enclosu	re, proper waste shipmer	nt & disposal, and post abatement visual i	nspections
XII.	Waste Transporter #1			
	Name:			
	Address:			
	City:	State:	Zip Code:	
	Contact:	Telephone: ()	
	Waste Transporter #2	_		
	Name:			
	Address:			
	City:	State:	Zip Code:	
	Contact:	Telephone: (()	
XIII.	Waste Disposal			
	Name:			
	Address:			
	City:	State:	Zip Code:	
	Contact:	Telephone: (()	
XIV.	Emergency Demolition (complete Item XIV only if this proje	ct is an Emergency D	Demo.)	
	1. Attach a copy of the Order to this notice.			
	2. Name of Authority Issuing Order:		Title:	
	3. Authority of Order (Citation of Code):			
	4. Date of Order (MM/DD/YY):		Date Ordered to Begin	1
XV.	Emergency Renovation (Attach separate sheet with the follow	wing information if p	project is Emergency Renovation.)	
	 Date and Hour of the Emergency: Description of the Sudden, Unexpected Event: 			
	Explanation of how the event caused unsafe condition	s or equipment dama	ige or an unreasonable financial burd	den.
		, .		
XVI.	Description of procedures to be followed in the event that u	nexpected RACM i	is found or non-friable ACM beco	omes
_	crumbled, pulverized, or reduced to powder.			
Same	as Section X above			
XVII.	I certify that an individual trained in the provisions of NES			
	Demolition or Renovation, and evidence that the re	equired training has	s been accomplished by this person	will be
	available during normal business hours.			
	Allto	07/16/12	Chris Crothers - Owner's Con	
	Signature of Owner/Operator	Date	Type or Print Name and T	itle
XVIII.	l acknowledge the existence of laws prohibiting the submis		eading statements, and I certify th	nat facts
	contained in this notification are true, accurate, an	nd complete.		
/	della	07/16/12	Chris Crothers - Owner's Con	rsultant
	Signature of Owner/Operator	Date	Type or Print Name and T	itle

Operator Project # CEG888200	Postmark	Date Received		Notification #					
I. Type of Notification (check	one): Original	Revised	✓ Cane	eled					
II. Facility Description Building Name: Sewing Building									
Address: 103 South Main Street									
City: Waterbury	City: Waterbury State: Vermont Zip Code: 05671 County: Washington								
Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont									
Building Size (square feet): 2400 sq.ft. per floor # of Floors: 2 Age in Years: 80 +/-									
Present Use: State Offices	P	rior Use: State H	ospital						
III. Type of Operation (check of	one): 🗸 Demo 🗌 Ordered De	mo Renovatio	n Emergenc	y Renovation	Fire Training				
IV. Is Asbestos Present? (chec	k one): 🗸 Yes 🗌 No								
V. Facility Information									
	Vermont, Department of Buil	dings & General	Services						
	ken Avenue, Drawer 33								
	Tele								
	me:								
				Zip Code:					
				Fax:					
	tion/general):								
									
				Zip Code:					
Contact:	Tele	phone: ()		Fax:					
 VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory VII. Approximate Amount of Asbestos Materials: 									
	RACM to be Removed	Non-friable Ash to be Re			ble Asbestos Material Γ to be Removed				
		Category I	Category II	Category I	Category II				
Pipes (linear feet)									
Surface Area (square feet)									
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolitie	on or Renovation: Start:		Complete	e:					
IX. Dates for Asbestos Remov	val (MM/DD/YY) Start:		Complete	2;					
Days of the Week: Monday	Tuesday Wednesd	ay Thursday	Friday	Saturday	Sunday				
Hours of Operation:									

X.	Description of planned Demolition or Renovation work to renovation techniques to be used and description of a		
methods,	Description of work practices and engineering controls to removal and waste handling emission control procedures ensive procedures in accordance with the USEPA Asbestos NESHAP regula decontamination structure, containment barriers, negative pressure enclosure, where required.	tion and the Vermont Regul	ations for Asbestos Control. This includes wet removal
XII.	Waste Transporter #1		
	Name:		
	Address:		
	City:	State:	Zip Code:
	Contact:	Telephone: ()
	Waste Transporter #2 Name:		
	Address:		
	City:	State:	Zip Code:
	Contact:	Telephone:	()
XIII.	Waste Disposal Name: Address: City:	State:	Zip Code:
	Contact:	Telephone:	()
XIV.	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: 3. Authority of Order (Citation of Code): 4. Date of Order (MM/DD/YY):	oject is an Emergency I	Demo.) Title: Date Ordered to Begin
XV.	Emergency Renovation (Attach separate sheet with the following	lowing information if	
XVI.	Date and Hour of the Emergency: Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions of procedures to be followed in the event that	ons or equipment dama	age or an unreasonable financial burden.
	crumbled, pulverized, or reduced to powder.		
XVII.	I certify that an individual trained in the provisions of NI Demolition or Renovation, and evidence that the available during normal business hours.		
	/Kelleli	07/16/12	Chris Crothers - Owner's Consultant
'	Signature of Owner/Operator	Date	Type or Print Name and Title
XVIII.	I acknowledge the existence of laws prohibiting the subrecontained in this notification are true, accurate		leading statements, and I certify that facts
	18/07/	07/16/12	Chris Crothers - Owner's Consultant
(Signature of Owner/Operator	Date	Type or Print Name and Title

Operator Project # Cl	EG888200	Postmark		Date Receive	d	Notification #		
I. Type of Notifi	ication (check	cone):	riginal	Revise	d 🗸 Can	celed		
II. Facility Description								
Building Name: Connector - Building 10 South to Core Building								
Address: 103 South Main Street City: Waterbury State: Vermont Zip Code: 05671 County: Washington								
City: Waterbury Site Location: Water						County: Washi	ngton	
Building Size (square		a ft				7/		
Present Use: Walkw		or			ov sannasta-	Age in Years: 70	<i>y</i> +/-	
					way connector		7	
		one): Demo Sk one): Yes		mo	tion Emergen	cy Renovation [Fire Training	
		k one). V 165						
V. Facility Info		Vermont, Departm	ent of Build	dinas & Gener	al Services			
CONTRACTOR DESCRIPTION		ken Avenue, Draw		unigo a cono	<u>a. co. 11000</u>			
City: Mont				State: VT	Z	in Code: 05633		
				_			3-3533	
		me:						
1								
						Zip Code:		
				ephone: ()				
		tion/general):						
						ip Code:		
					e: (
VI. Procedure, inc	cluding analy	tical methods, empl	oved to dete	ct the presence	of and to estimate	the apantity of RA	CM and	
		l non-friable ACM:	oyeu to ucic	et the presence	or and to estimate	the qualitity of to	CIVI MIIG	
Bulk sampled co	ollected by	accredited asl	oestos in	spector. Ar	alyzed by NV	LAP accredite	d laboratory	
VII. Approximate	Amount of A	sbestos Materials:						
		RACM to be	Removed		Asbestos Material Removed	1	bestos Material Removed	
		12.0		Category I	Category II	Category I	Category II	
Pipes (linear feet)				euregerj i	James James			
Surface Area (square	faat)							
		-						
Facility Components VIII. Scheduled Da		on or Renovation:	Start:		Comple	le:		
IX. Dates for Ask	estos Remov	al (MM/DD/YY)	Start:		Comple	te:		
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursda	ny Friday	Saturday	Sunday	
Hours of Operation:								

X.	Description of planned Demolition or Renovation work to be or renovation techniques to be used and description of affe			oloyed, including demolition
methods,	Description of work practices and engineering controls to be removal and waste handling emission control procedures: ensive procedures in accordance with the USEPA Asbestos NESHAP regula decontamination structure, containment barriers, negative pressure enclosure.	tion and the Vermont	Regulations for Asbestos	Control. This includes wet removal
XII.	Waste Transporter #1			
	Name:			
	Address:			
	City:	State:		Zip Code:
	Contact:	Telephone:	()	
	Waste Transporter #2			
	Name:			
	Address:			
	City:	State:		Zip Code:
	Contact:	Telephone:	()	
XIII.	Waste Disposal			
	Name:			
	Address:			
	City:	State:		Zip Code:
	Contact;	Telephone:	()	
XIV.	Emergency Demolition (complete Item XIV only if this project	ct is an Emergency	y Demo.)	
	Attach a copy of the Order to this notice. Attach a copy of the Order to this notice.		Title	
	Name of Authority Issuing Order: Authority of Order (Citation of Code):		Title:	
	4. Date of Order (MM/DD/YY):		Date	Ordered to Begin
XV.	Emergency Renovation (Attach separate sheet with the follow	wing information		
	Date and Hour of the Emergency:		Frequency and	
	2. Description of the Sudden, Unexpected Event:			
	3. Explanation of how the event caused unsafe condition	s or equipment da	mage or an unreasona	ble financial burden.
XVI.	Description of procedures to be followed in the event that user crumbled, pulverized, or reduced to powder.	mexpected RACI	M is found or non-fr	iable ACM becomes
Same	as Section X above			
XVII.	I certify that an individual trained in the provisions of NES			
	Demolition or Renovation, and evidence that the ravailable during normal business hours.	equired training	has been accomplish	ed by this person will be
	NAME OF THE PARTY	07//0//0	Oh : O ::	Own and a Committee to
	Signature of Owner/Operator	07/16/12 Date		- Owner's Consultant rint Name and Title
XVIII.	I acknowledge the existence of laws prohibiting the submis contained in this notification are true, accurate, a		nisleading statements	s, and I certify that facts
	(B/H)	07/16/12	Chris Crothers	s - Owner's Consultant
	Signature of Owner/Operator	Date		rint Name and Title

Operator Project #CEG888200 Postmark Date Received Notification #								
I. Type of Notifica	ation (check	one):	Original	Revised	✓ Cance	led		
II. Facility Description Building Name: Connector - Building 10 North to Core Building Address: 103 South Main Street								
			State: Vermor	nt Zip Code: 0	5671	County: Washin	gton	
	City: Waterbury State: Vermont Zip Code: 05671 County: Washington Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 600sq.ft. # of Floors: 1 Age in Years: 70 +/-								
Present Use: Walkwa	Present Use: Walkway connector Prior Use: Walkway connector							
III. Type of Operat	III. Type of Operation (check one): ✓ Demo ☐ Ordered Demo ☐ Renovation ☐ Emergency Renovation ☐ Fire Training							
IV. Is Asbestos Pro	esent? (chec	k one): 🗸 Ye	s No					
V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33								
	City: Montpelier			State: VT	Zin	in Code: 05633		
-				hone: (802) 828		Fax: (802) 828-	3533	
	Address:					Zip Code:		
Contact:	Contact:			hone: ()		_ Fax:		
Other Operator (demolition/general):								
	City: State: Zip Code:							
Contact:								
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory								
VII. Approximate Amount of Asbestos Materials:								
			o be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
				Category I Category		Category I	Category II	
Pipes (linear feet)								
Surface Area (square feet)								
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:								
IX. Dates for Asbestos Removal (MM/DD/YY) Start: Complete:								
Days of the Week:	Monday	Tuesday	Wednesd	ay Thur sda y	Friday	Saturday	Sunday	
Hours of Operation:								

X.	Description of planned Demolition or Renovation work to be or renovation techniques to be used and description of affect	performed and ted facility com	d method(s) to be employed, including demolition aponents:				
XI. Comprehe methods,	Description of work practices and engineering controls to be removal and waste handling emission control procedures: nsive procedures in accordance with the USEPA Asbestos NESHAP regulation decontamination structure, containment barriers, negative pressure enclosure	on and the Vermon	t Regulations for Asbestos Control. This includes wet removal				
XII.	Waste Transporter #1						
	Name:						
	Address:						
	City:	State:	Zip Code:				
	Contact:	Telephone:	()				
	Waste Transporter #2						
	Name:						
	Address:						
	City:	State:	Zip Code:				
	Contact:	Telephone:	()				
XIII.	Waste Disposal						
	Name:						
	Address:						
	City:	State:					
	Contact:	Telephone:	()				
XIV.	Emergency Demolition (complete Item XIV only if this project	is an Emergence	cy Demo.)				
	Attach a copy of the Order to this notice.		Title				
	 Name of Authority Issuing Order: Authority of Order (Citation of Code): 		Title:				
	4. Date of Order (MM/DD/YY):		Date Ordered to Begin				
XV.							
	1. Date and Hour of the Emergency: 1. Date and Hour of the Emergency:						
	2. Description of the Sudden, Unexpected Event:						
	3. Explanation of how the event caused unsafe conditions	or equipment da	amage or an unreasonable financial burden.				
XVI.							
Same	as Section X above						
XVII.	I certify that an individual trained in the provisions of NESH Demolition or Renovation, and evidence that the re- available during normal business hours.	AP (40 CFR P. quired training	ART 61, SUBPART M) will be on -site during the has been accomplished by this person will be				
	(Katt)	07/16/12	Chris Crothers - Owner's Consultant				
	Signature of Owner/Operator	Date	Type or Print Name and Title				
XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.							
	A O CA	-					
	(Melle)	07/16/12	Chris Crothers - Owner's Consultant				
	Signature of Owner/Operator	Date	Type or Print Name and Title				

Operator Project # CEG888200 Pos		tmark		Date Received		Notification #	
I. Type of Notification	n (check one):	ginal	Revised	✓ Canc	eled	
II. Facility Description Building Name: Building 5 South to B Building Connector Address: 103 South Main Street							
-							
•	Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont						
Building Size (square feet): 1500 sq.ft. per floor # of Floors: 2 Age in Years: 90 +/-							
Present Use: Connector Hallway Prior Use: State Hospital Connector Hallway							
III. Type of Operation	(check one):	✓ Demo	Ordered Der	no Renovatio	n Emergenc	y Renovation	Fire Training
IV. Is Asbestos Preser	nt? (check on	e): Ves	No				
V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpeli				State: VT			
Contact: John C	Contact: John Ostrum			hone: (802) 828	3-5652	_ Fax: (802) 828-3533	
				-			
	City:						
	Contact: Telephone: (Fax: Other Operator (demolition/general):						
	Address:						
Contact: Telephone: (Fax:							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
RACM to be Rem		Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
				Category 1	Category II	Category I	Category II
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: Complete:							
Days of the Week:	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturday	Sunday
Hours of Operation:							

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:						
XI. Comprehe methods, o	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: prehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal nods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, and post abatement visual inspections						
XII.	Waste Transporter #1						
	Name: Address:						
	City:	State:		Zîp Code:			
	Contact:	Telephone:	()	Zip code.			
	Waste Transporter #2	-					
	Name:						
	Address:						
	City:	State:		Zip Code:			
	Contact:	Telephone:	()				
XIII.	Waste Disposal						
	Name:						
	Address:						
	City:	State:		Zip Code:			
	Contact:	Telephone:					
XIV.	Emergency Demolition (complete Item XIV only if this project	t is an Emergeno	cy Demo.)				
	 Attach a copy of the Order to this notice. Name of Authority Issuing Order: Title: 						
	3. Authority of Order (Citation of Code):						
	4. Date of Order (MM/DD/YY):		Date	e Ordered to Begin			
XV.							
	1. Date and Hour of the Emergency:						
	 Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. 						
	5. Explanation of now the event caused unsafe conditions	or equipment d	amage of an unreason	able manetal bardon.			
XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.							
Same as Section X above							
XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.							
	Allelo	07/16/12		s - Owner's Consultant			
	Signature of Owner/Operator	Date	Type or 1	Print Name and Title			
XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts							
	contained in this notification are true, accurate, and complete.						
	CRUCIO	07/16/12		rs - Owner's Consultant			
	Signature of Owner/Operator	Date	Type or	Print Name and Title			